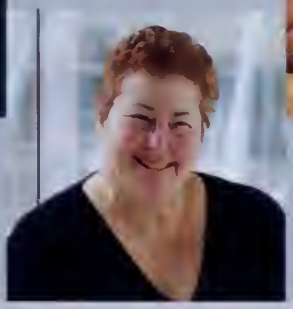
TRIUMPHS *in* MEDICINE



RESTORING THE *body*
RENEWING THE *spirit*

NEW YORK-PRESBYTERIAN HOSPITAL
1999-2000 REPORT

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Important Telephone Numbers **INSIDE BACK COVER**

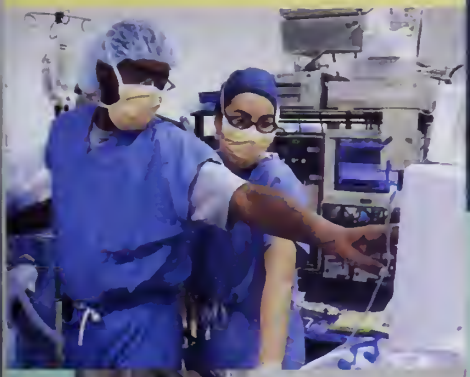
Meeting medical challenges one patient at a time:

Front Cover (left to right) : Gerald Allen, Deanna Kadan, Kemy Dion Blanco and Peter Pivko

Back Cover (left to right): Justine Kuppler, Gary Martin, Barbara Tindale, and Luis Valdez and Yuderka Beltre with newborn Adreana

TRIUMPHS *in* MEDICINE

Healing and humanity. These are the fundamentals of the health professions. These are the principles that guide our every action ... whether in surgery, at the bedside, in the emergency room, in family waiting rooms, and even in the hallways. At New York-Presbyterian Hospital, these are the principles we follow to restore the body and renew the spirit.



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Cancer:
CREATING A SPHERE OF CARE

Dr. John Daly, Surgeon-in-Chief, NewYork Weill Cornell, and Dr. Karen Antman, Director of the Herbert Irving Comprehensive Cancer Center of Columbia Presbyterian, launch the new Columbia Weill Cornell Cancer Centers.

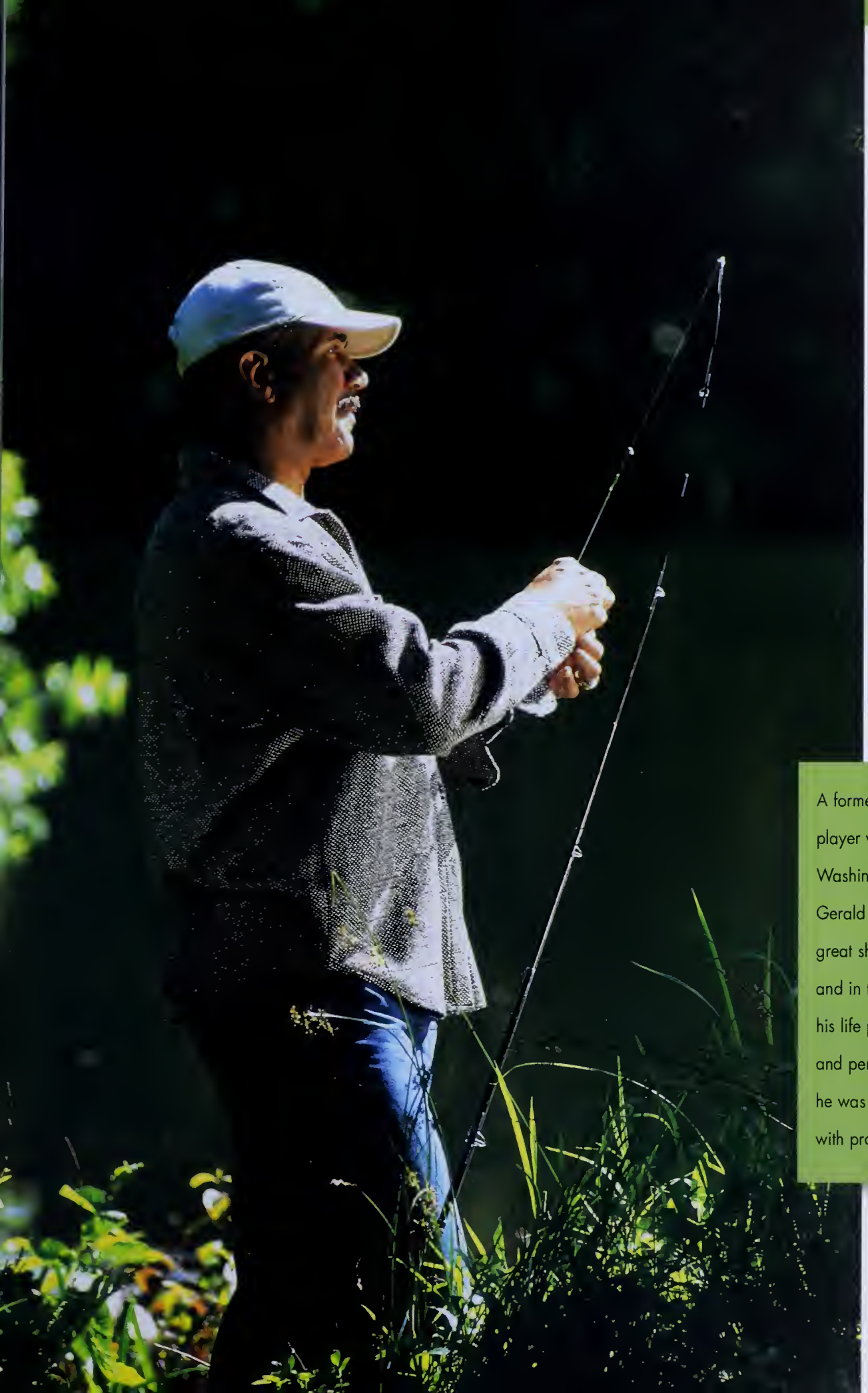
A diagnosis of cancer starts a complicated web of decision-making and a cascade of emotional reactions that can leave a patient reeling. At NewYork-Presbyterian Hospital, a gifted team of oncology specialists addresses not only the medical urgency of a cancer diagnosis, but the psychological urgency as well. And it means all the difference in the world to the patients who come here for care.

Deanna Kadan speaks for the nearly 185,000 women who will be diagnosed with breast cancer in the United States this year. Gerald Allen speaks for the same number of men who will learn they have prostate cancer. At NewYork-Presbyterian Hospital, Ms. Kadan and Mr. Allen found the expertise that would save their lives, the resources that would help them recover, and the understanding that would guide them through it all.

A Strategic Approach to Breast Cancer

When Deanna Kadan was diagnosed with advanced disease by her physicians in upstate New York, she chose Columbia Presbyterian for care. Her physician, Amy Tiersten, M.D., went after the disease with a vengeance and with success. "It's been a year and a half and here I am," says Ms. Kadan.

Linda Vahdat, M.D., and Dr. Tiersten, medical oncologists with the Herbert Irving Comprehensive Cancer Center, ensure their patients get not only the best chance at survival, but at quality of life as well. At their fingertips are the newest therapeutic agents available — many of which they have studied as principal investigators for the nation's most pivotal clinical trials for breast cancer. "The development of targeted therapies, new drugs, and new combination therapies have really expanded our options for patients," notes Dr. Tiersten. "We now have less toxic drugs to treat advanced breast cancer, where quality of

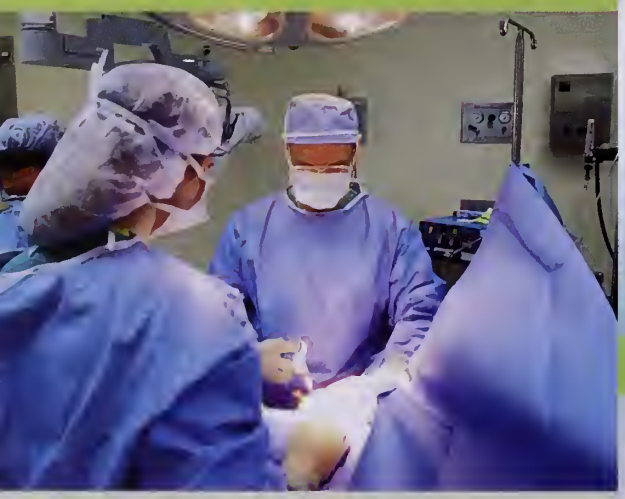


A former pro football player with the Washington Redskins, Gerald Allen was in great shape physically and in the prime of his life professionally and personally when he was diagnosed with prostate cancer.

life is of paramount importance."

During his 22 years as a specialist in surgical oncology, John M. Daly, M.D., Surgeon-in-Chief, NewYork Weill Cornell, has seen tremendous changes in the surgical options available — many pioneered at NewYork-Presbyterian. Breast surgeons here were the first in New York City to perform skin-sparing mastectomy, helping to improve the aesthetic success of reconstructive surgery. The Hospital was one of a handful in the metropolitan area to initiate sentinel node biopsy, which limits the number of lymph nodes that need to be removed to determine if a tumor has spread. And its surgeons are among the few worldwide who perform a bone marrow examination at the time of surgery to rule out micro-metastatic disease.

By carrying on clinical trials, Dr. Amy Tiersten, Lois Brafman, R.N., and Dr. Linda Vahdat (inset) are playing key roles in developing the standards of care for breast cancer.



Dr. Alexander Swistel removes a tumor while minimizing disruption to surrounding breast tissue.

Advanced breast cancer brought Deanna Kadan to Columbia Presbyterian for care.

"When a woman learns of a breast lump or abnormal mammogram, it is a terrifying experience," says Alexander Swistel, M.D., Director of the NewYork Weill Cornell Breast Center. "By knowing these fears, our staff respond accordingly when someone calls for an appointment. This call initiates a chain of events that can affect the rest of her life. That is why it is critical that the multiple aspects of care — from confirming a diagnosis, to surgical intervention, to follow-up treatments — be meticulously orchestrated and carefully explained."

The breast cancer programs of Columbia Presbyterian and NewYork Weill Cornell — now linked under the Columbia Weill Cornell Cancer Centers — do just that. Here women find comprehensive services and a multidisciplinary team of great consequence — inclusive of radiologists and pathologists trained to interpret findings

that are rare or routine, breast surgeons who have a depth of experience performing both simple and complex procedures, radiation and medical oncologists who advise on and offer the most advanced therapies, nurses who talk with patients about any aspect of care, social workers who offer support and access to resources, and genetic counselors who are concerned with questions of risk. Through the collective and coordinated efforts of these skilled individuals, women get answers and they get them quickly.

Prostate Cancer: Maximizing Results

A routine company physical for Gerald Allen turned up an abnormal PSA (prostate-specific antigen) level and ultimately a diagnosis of prostate cancer. This started Mr. Allen on a search for information and treatment that would save his life and preserve his lifestyle. Choosing radiation therapy first, Mr. Allen did well for three years. When his PSA level began to rise rapidly, he was referred to E. Darracott Vaughan, Jr., M.D., Urologist-in-Chief at NewYork Weill Cornell and an expert in the treatment of prostate cancer. Dr. Vaughan performed surgery, and nearly five years later, Mr. Allen is doing great.

Dr. Vaughan and his colleagues are at the vanguard of new treatment approaches for prostate cancer, often defining the methods and the protocols that are adopted nationwide. They have developed safer surgical procedures, which help to spare the nerves that control sexual and bladder function, and are currently working on a number of exciting protocols, including treatments for patients who are not candidates for surgery, a vitamin A treatment that may slow the spread of cancer, and a hormone implant for advanced disease. They also were the first to develop a method for predicting a patient's response to radiation treatment by analyzing genetic markers.

Daniel P. Petrylak, M.D., Director of the Genitourinary Oncology Program at Columbia Presbyterian, recently completed a major study evaluating a combination of chemotherapeutic agents, estramustine and Taxotere®, he developed for treating an advanced type of prostate cancer. Results were so encouraging that now a nationwide trial of the combination therapy is under way by the Southwest Oncology Group. Peter B. Schiff, M.D., Ph.D., Chairman of Radiation Oncology, and his colleagues are developing new approaches to increase the effectiveness of radiation treatment and decrease the risk of complications. They are now using new advanced 3-D technology to direct external beam radiation more precisely to those tissues that bear the tumor while limiting the effect on adjacent normal tissues.

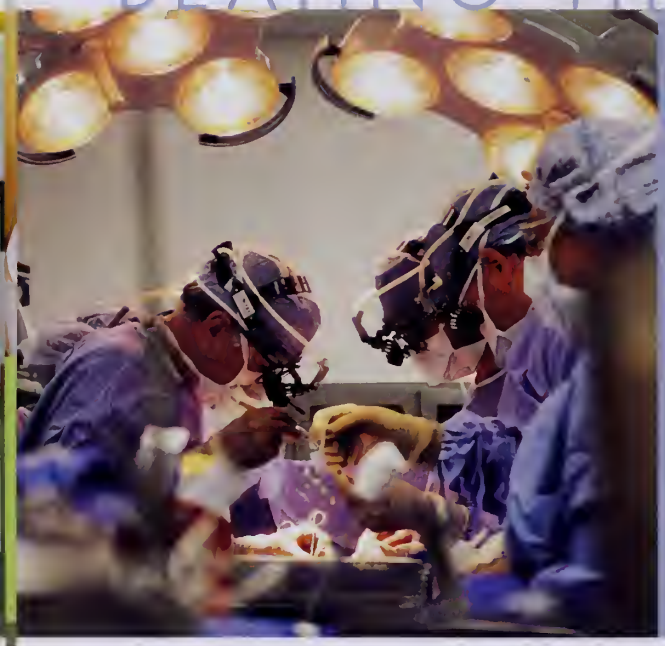
When Gerald Allen found out his biopsy was positive, he immediately called his two brothers. But he offers the same advice to all men: "Go for the test. It's painless. Then go to the best for care."

Dr. Daniel Petrylak and Gary Shelton, M.S.N., R.N., research clinical nurse specialist, are helping to accelerate the pace of drug development for the treatment of advanced prostate cancer.

Radiation oncologists, physicists and radiation therapists, under the direction of Dr. Peter Schiff, call on sophisticated technology to improve the lives of people with cancer.

Dr. E. Darracott Vaughan, Jr., leads a team of distinguished physicians in the fight against prostate cancer and urological disorders, including (from left) Dr. Ernest Sosa, Dr. Neil H. Bander, Dr. Beatrice S. Knudson, Dr. David M. Nanus, Dr. Vaughan, Dr. Peter N. Schlegel, Dr. George P.H. Young and Dr. Alexis Te.

Heart Disease: BEATING THE ODDS



Dr. O. Wayne Isom, Cardiothoracic Surgeon-in-Chief, NewYork Weill Cornell, credits a phenomenal team, complete with the best nurses anywhere, for the Hospital's well-earned reputation in the treatment of heart disease.

At NewYork-Presbyterian Hospital, technology, technique and talent combine to form the foundation of one of the world's best cardiac care programs. It is a team effort like no other, bringing together the diverse expertise of cardiologists, heart surgeons, cardiac nurses and many others to address all stages of heart disease. Here, medical and surgical triumphs translate into the personal victories of patients.

The cardiac programs of Columbia Presbyterian and NewYork Weill Cornell are exceptional in their own right. By bringing them together under the umbrella of the Columbia Weill Cornell Heart Institute, NewYork-Presbyterian Hospital has created a catalyst for comprehensive care and treatment innovations for heart disease like no other.

The Miracle of Heart Transplant

At 4 pm on Friday, June 19, 1999, a call came in to Mary Donovan, Cardiac Transplant Nurse Practitioner at Columbia Presbyterian Medical Center, alerting her of an available heart. Over the next five days, Ms. Donovan would receive six more calls and the Medical Center's heart transplant team would orchestrate and perform a record number of transplant surgeries.

To the outside world, the number of lives saved that week by the heart transplant team would seem extraordinary ... and it was. To the heart transplant team, it was business as usual ... times seven. To the recipients — four men, two women and one teenage girl — the calls they received were the most important of their lives.

Ms. Donovan and Senior Transplant Coordinator Helen Hauff become involved with potential transplant patients at the beginning of their ordeal. They are with them throughout the waiting period —

Gary Martin was dying slowly from a rare heart condition until Dr. Allan Schwartz pinpointed the diagnosis of constricted pericarditis and Dr. Craig Smith operated to save his life.

which could be days or months. They help them understand the entire process, discuss their expectations and address their anxieties. They provide the link between hospital and home, and they celebrate in their triumphs.

"Transplant medicine is extremely rewarding as it allows you to be on the cutting edge of medicine while still being deeply involved with the patients and their families," says Donna Mancini, M.D., Medical Director, Cardiac Transplantation. Columbia Presbyterian is the largest heart transplant program in the country, having performed more than 1,200 heart transplants to date. It is also a leader in the development of new therapies for heart failure and transplant patients, such as the left ventricular assist device (LVAD) — a machine that is used as a bridge for patients awaiting a transplant, and new immunosuppressive drugs.

Peter Pivko was only 52 years old when he suffered a massive heart attack. Quadruple bypass surgery provided no improvement, leaving him with a heart transplant as the only option for survival. He was transferred to Columbia Presbyterian, where Dr. Yoshi Naka implanted an LVAD to sustain him until the transplant. Within months of the transplant, Mr. Pivko was back in the race.

Dr. Bruce Lerman's expertise is in the diagnosis and treatment of complex cardiac arrhythmias using catheter-based techniques. He is also a distinguished researcher. "The only way you can maintain your cutting edge position clinically is to have it supported by your research program."

Teamwork is the secret of the heart transplant team's success.

"Because of our depth of experience, we are able to take patients with unusual medical problems who cannot be treated elsewhere," says Niloo Edwards, M.D., Director, Cardiac Transplantation. "Today, our survival rates one year following surgery are at 90 percent — all the more impressive when you consider how sick our patients are when they first come to us."

As for the "magnificent seven"... they're doing just fine: Michael Enthosven, age 49, is a banker and art historian; Michael Tosch, age 52, exercises three times a week; Fauzi Kanhan, age 56, works in international trade; Rev. Leonis Quinlan, age 63, is a minister who likes to fish, play golf and swim; Corliss Hubay, age 45, is a secretary in corporate sales; Sherriese Belle, age 29, is the mother of four; and 15-year-old Kayla Trolle baby-sits, loves animals and is a budding entrepreneur.

Differentiated by Experience

"Here it is again — June 15. The 13th anniversary of the triple bypass you did for me in 1987." So wrote Justine Kuppler recently to O. Wayne Isom, M.D., Cardiothoracic Surgeon-in-Chief of NewYork Weill Cornell, who has performed thousands of cardiac bypass surgeries during his distinguished career. Dr. Isom and his team operate with a confidence that comes from a wealth of knowledge ... and years of experience. They also operate with kindness. "The first thing we must remember is to treat our patients as we would our own family members," says Dr. Isom. "It is a difficult time for them, filled with uncertainty and anxiety."

Bruce Lerman, M.D., Chief of Cardiology and Director of the Electrophysiology Laboratory at NewYork Weill Cornell, agrees: "Not only are our staff technically very good, but I think everyone has a humanistic side that is transmitted to our patients. We recognize that what we do can be intimidating and somewhat frightening."

It is this combination of compassion and capabilities that draws patients to NewYork-Presbyterian Hospital. "We have a breadth and depth of expertise in heart disease that is unsurpassed in the world," says Eric Rose, M.D., Surgeon-in-Chief at Columbia Presbyterian and a heart surgeon by training. "Our program can excel because of the interface of strong programs in cardiology, interventional cardiology, and cardiac surgery and because of the skilled personnel you find in the catheterization labs and in the operating rooms."

Among the key players in open heart surgery are the perfusionists. And although the general public may not know who they are, their role is critical, and cardiac surgeons are the first to agree. "Every open heart procedure must have a clinical perfusionist to run the heart-lung machine," explains Linda Mongero, Director of the Perfusion Department at Columbia Presbyterian. "The perfusionist takes over the heart and lungs of the patient artificially and manages them during that period of time when the surgeon is working on the heart." In the 15 years since Ms. Mongero joined the department, it has become a leader for the profession, contributing significantly to research in the field and held up as a model for programs around the country.

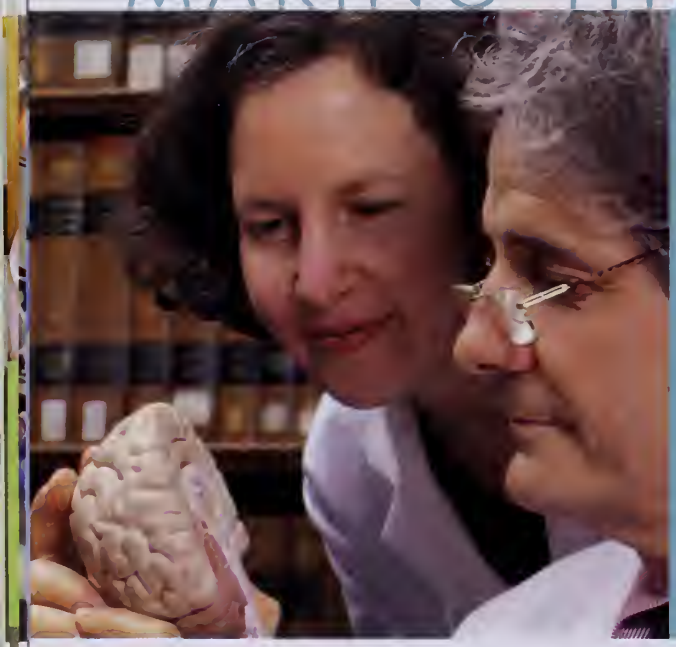
When a patient needs a heart transplant, a cardiac catheterization procedure, bypass surgery or simply a second opinion, NewYork-Presbyterian Hospital is at the center of it all. Says Allan Schwartz, M.D., Chief of Cardiology at Columbia Presbyterian, "With virtually every area of cardiology represented, patients with the most complex and challenging cardiac problems can expect to find solutions here."

"I shall turn 80 on August 15 and hope to keep on going strong for many more years," wrote Justine Kuppler to Dr. O. Wayne Isom, who performed her triple bypass in 1987. "My continued thanks for giving me that opportunity."

As Surgeon-in-Chief at Columbia Presbyterian, Dr. Eric Rose is responsible for the quality of the surgical program. As a heart surgeon and scientist, he pursues innovations in cardiac surgery, vascular biology, clinical trials and outcomes research.

"We can provide options for care not generally available elsewhere," says Dr. Allan Schwartz, shown here during a cardiac catheterization procedure.

Neuroscience: MAKING THE CONNECTIONS



Dr. Karen Marder, neurologist, and Dr. Richard Mayeux, Director, Behavioral Neurology, at Columbia Presbyterian, combine clinical and research expertise to address the physiological and psychological components of Alzheimer's disease.

Imagine not being able to remember you were once President of the United States. Or no longer able to "float like a butterfly and sting like a bee." Or unable to stand before an audience and deliver your lines. Ronald Reagan, Muhammad Ali and Patricia Neal brought public attention to private pain. The experts in neuroscience at NewYork-Presbyterian Hospital are bringing hope where there was once only despair.

Alzheimer's disease, Parkinson's disease and stroke do not discriminate between the prominent and the lesser known, rendering their devastating effects seemingly without rhyme or reason and leaving medicine to pick up the pieces and science to sort out the causes. At NewYork-Presbyterian Hospital, neurologists, neurosurgeons, psychiatrists and other specialists blend their talents seamlessly in treatment and in research to change the course of these conditions or prevent them from ever occurring.

Seeking Answers to Alzheimer's Disease

Janet Walsh was only 14 years old when her dad developed Alzheimer's disease — although at the time no one had a name for the frightening symptoms he was experiencing. "At first, I thought my father was going insane," recalls Ms. Walsh, Co-founder and Chairman of the Long Island Alzheimer's Foundation. "For a while, I was mad at him until I heard him tell his doctor, 'You don't understand, something is really wrong.' Hearing my father make that plea, I realized how much he was suffering." In fact, the whole family suffers. Ms. Walsh, now 44 years old, has made Alzheimer's disease her life's work, helping thousands of patients, family members and caregivers obtain the support and the resources they need to ease the burdens of this disease.

Janet Walsh, an advocate for early diagnosis and intervention, was the first to have genetic testing for Alzheimer's disease when it became available at NewYork Weill Cornell Medical Center.

Dr. Norman Relkin, Director, NewYork Weill Cornell's Memory Disorders Program, is a leader in the application of genetic testing both as a means for diagnosis and for predicting who is at high risk for developing Alzheimer's disease.

The research of Dr. Michael Shelanski, Chairman, Pathology, Columbia Presbyterian, is helping to shed light on genetic influences in Alzheimer's disease.

With a family tree congested with Alzheimer's, Ms. Walsh was a logical candidate for genetic testing. She came to Norman R. Relkin, M.D., Ph.D., Program Director of the Memory Disorders Program of NewYork Weill Cornell for testing — becoming partners with Dr. Relkin in a race against time. "There have been extraordinary developments in understanding the physiology of Alzheimer's disease and in identifying biological markers, as well as new opportunities for drug intervention," says Dr. Relkin. "Prevention is no longer an untenable concept."

Richard Mayeux, M.D., Director, Behavioral Neurology, and Michael L. Shelanski, M.D., Chairman of Pathology, co-direct the Alzheimer's Disease Center of Columbia Presbyterian. Dr. Mayeux looks at the disease from an epidemiological perspective; Dr. Shelanksi is interested in its molecular properties and genetic mutations. Together, they seek to identify people at risk for Alzheimer's disease and develop methods to prevent it.

Ms. Walsh's results showed she had the genetic markers for developing Alzheimer's. At first, she was devastated, but then took the advice she had been offering to others. "I was not going to just lie down and wait for it," says Ms. Walsh. "So I signed up for several research projects and began following all the current recommendations for keeping it at bay. If I do succumb to this disease, I'll know that at least I might be able to help my children or someone else."

Parkinson's Disease: Applying New Approaches

Parkinson's disease is a progressively disabling condition that affects as many as one million Americans. For years, it has been a major focus of the Center for Parkinson's Disease and Other Movement Disorders at Columbia Presbyterian — a program that has made possible many of the innovative treatment approaches now in use.

"Every medication now available for Parkinson's disease has been tested at this institution," notes Stanley Fahn, M.D., Director of the Center, which is considered one of the largest programs in the world. It was the first program involved in the double-blind, placebo-controlled surgical trial of fetal dopamine cell implantation sponsored by the National Institutes of Health, and has pursued groundbreaking work in functional neurosurgical treatments.

With Parkinson's disease, nerves in the motor control regions of the brain fire in abnormal ways, producing tremors, slowness or stiffness. "With the correct electrical current, we can actually inactivate the area of the brain causing the problem while avoiding any undesirable effects on neighboring regions," says Robert R. Goodman, M.D., Ph.D., neurosurgeon. "When patients no longer respond well to

medications — which in most patients had been quite beneficial for many years — surgery becomes an important option."

Pursuing Innovations in Cerebrovascular Disorders

In nearby offices at Columbia Presbyterian, Robert A. Solomon, M.D., Chairman, Department of Neurological Surgery; John Pile-Spellman, M.D., Director of Interventional Neuroradiolgy, and J.P. Mohr, M.D., Director of the Stroke Center, can often be found "brainstorming" about complex cerebrovascular disorders that demand the expertise of multiple specialists.

Just ask 46-year-old Eleanor Handelsman, whose life-threatening aneurysm brought these three distinguished physicians to her bedside to prevent a major stroke and save her life. A headache that wouldn't go away led to CT and MRI scans that confirmed a large cerebral aneurysm. Her local physician in Rockland County referred her immediately to Dr. Solomon. "I was surprised by the diagnosis, but I was calm," recalls Ms. Handelsman. "I told Dr. Solomon, 'You're going to get me through this, I know it.'"

Dr. Solomon and his colleagues have received national recognition for their approach to complex giant aneurysms in the brain — often developing the standards that are adopted at other institutions around the country. It was exactly the expertise Ms. Handelsman needed. She had a very dangerous lesion — whether left alone or treated — involving blood vessels leading to the parts of her brain involved with speech and movement. It was decided a multimodality approach would give her the best chance for recovery.

Dr. Solomon first performed a bypass graft on Ms. Handelsman to create an alternative pathway for blood to flow around the aneurysm. A few days later, she went to the angiogram suite with Dr. Pile-Spellman, who confirmed that the bypass was functioning properly. He then proceeded to insert special coils to close off the artery leading to the aneurysm — effectively removing it from circulation and causing it to dissolve over time. Throughout the process, Dr. Mohr performed critical tests to determine if Ms. Handelsman could tolerate the procedures.

"This was a very complicated case, but working as a team enabled us to treat Ms. Handelsman safely and successfully," says Dr. Solomon. "It is a perfect example of how timing, decisions, management and staging by different specialists can find solutions to problems with seemingly no answers."

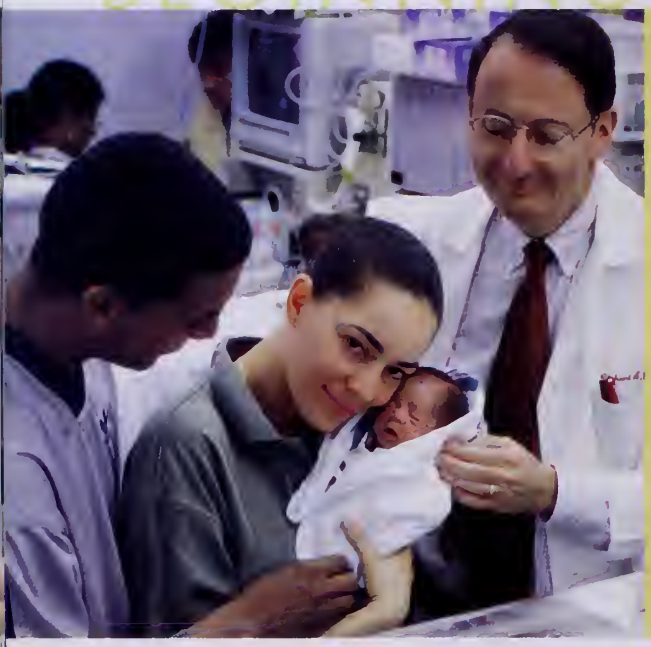
It is another perfect example of why patients come to NewYork-Presbyterian Hospital for care.

Dr. Blair Ford, Medical Director, Center for Movement Disorder Surgery, Columbia Presbyterian, adjusts a device which is connected by a wire to electrodes previously implanted in the patient's brain to help optimize control of symptoms.

Columbia Presbyterian neurosurgeon Dr. Robert R. Goodman implants an electrical stimulator to correct the signalling abnormality present in Parkinson's disease.

Eleanor Handelsman is at the center of attention of (left to right) Drs. John Pile-Spellman, Robert A. Solomon and J.P. Mohr, who combined their expertise in aneurysm repair to save her life.

Pediatrics:
BEGINNING WITH THE BEST



Adreana weighed only one pound when she was born to Luis Valdez and Yuderka Beltre. Both she and her parents benefited from the expertise of Dr. Richard Polin, Chief of the Neonatal Intensive Care Unit of Babies & Children's Hospital. "When you care for an infant, you really have three patients. You have to support the parents' emotional needs just as much as you are supporting the infant's medical needs."

When you save the life of a child, you save a lifetime to come of memories and experiences. You save a family whose hopes for the future have been placed in that child. With our physicians, nurses and other health professionals on their side, children will continue to win battles against critical, complex and chronic illnesses. And parents will continue to rejoice in their recovery.

An adolescent with diabetes; a newborn with respiratory distress; a child with a congenital heart condition; or an unborn child with a rare endocrine disorder. Every day, Babies & Children's Hospital on the West Side of Manhattan and the Department of Pediatrics of NewYork Weill Cornell on the East Side are accumulating victories against some of the most serious conditions affecting children.

The Earliest Chance at Life

Richard A. Polin, M.D., and Peter A.M. Auld, M.D., direct the neonatal intensive care units of Babies & Children's Hospital and NewYork Weill Cornell, respectively. They guide the care of newborns who come into the world with a congenital disorder or who have multiple health problems related to prematurity. "There have been tremendous advances in caring for these babies," says Dr. Polin. "We can better manage respiratory diseases. We've improved their nourishment using intravenous nutrition. New drugs are available to handle systemic complications. And with years of observing sick newborns, we are much better at anticipating problems. This is key to improving survival."

"We are particularly cognizant of the needs of parents and encourage 24-hour visiting," adds Dr. Auld, who is approaching his fortieth year in the field. "Our nurses are wonderful and become very attached to parents over the days and weeks of care that may be required."

Seven-year-old Kemy Dion Blanco was diagnosed with Type 1 diabetes three years ago. For her birthday this year, Kemy learned to do injections herself taught by her mom and the experts of the Naomi Berrie Diabetes Center.

Catherine Panouryas, R.N., assists Dr. Bruce Greenwald, Director, Pediatric Critical Care, NewYork Weill Cornell, who leads one of the nation's most well-established programs, which is also highly regarded for treatment following bone marrow transplant.

Dr. Charles Schleien, Director of Pediatric Critical Care, Babies & Children's Hospital, investigates methods for resuscitating the heart and maintaining blood flow to the brain to improve the outcomes of very sick children. Here he is assisted by Angela Jordan, R.N.

The surgical skill of Dr. Charles Stolar, Chief of Pediatric Surgery for NewYork-Presbyterian, has helped children, from newborns to adolescents, survive diaphragmatic hernias, cancer and many other life-threatening conditions.

In her 37 years in pediatric surgical nursing, Laura Flanigan, M.S.N., R.N., Division of Pediatric Surgery, Babies & Children's Hospital, has accumulated a tremendous wealth of wisdom — much of which is applied to helping parents cope with their child's illness. "It is so important that parents receive emotional support and information," says Ms. Flanigan. "I always tell them that it doesn't matter how many questions they ask or how many times, if they don't understand something, they need to ask us again."

From Crises to Cure

Maria I. New, M.D., Chairman of Pediatrics at NewYork Weill Cornell, is a world-renowned endocrinologist who has pursued research in both rare and common pediatric disorders. Among these is congenital adrenal hyperplasia (CAH) — a condition which manifests itself most severely in the ambiguity of the genitalia in the female. Calling on DNA testing, Dr. New has been able to diagnose CAH in fetuses and devise effective treatment to prevent genital ambiguity. This may be the only genetic disorder today that is effectively treated prenatally, and Dr. New offers one of the only prenatal treatment centers for CAH in the country.

Noel Maclaren, M.D., a researcher and specialist in juvenile diabetes, recently accepted Dr. New's invitation to direct a new comprehensive program in diabetes. "The number of diabetic patients is growing steadily, and once developed, diabetes is a life-long problem," says Dr. Maclaren, who is currently testing a vaccine against Type 1 diabetes and developing other immune stimulant therapies to prevent it.

Along with Maria Vogiatzi, M.D., he also seeks to identify children with insulin resistance to prevent them from developing Type 2 diabetes.

The Naomi Berrie Diabetes Center at Columbia Presbyterian, co-directed by Robin Goland, M.D., and Rudy Leibel, M.D., is providing "the care until the cure." Its pediatric program, directed by Holly Schachner, M.D., offers unique family-centered care, including home and school visits, an extensive insulin pump program, and education programs for grandparents and baby sitters. Pediatric research includes clinical trials of new medications and an antibody treatment to reverse new-onset Type 1 diabetes, and studies in pediatric Type 2 diabetes and obesity. In addition, a pediatric obesity program has been initiated at Babies & Children's Hospital by Ileana Vargas, M.D., and Lenore Levine, M.D., an internationally respected endocrinologist.

Coming Together for Cardiac Care

When NewYork-Presbyterian Hospital established the Pediatric Cardiovascular Center under the direction of Welton M. Gersony, M.D., and Jan M. Quaegebeur, M.D., Surgical Director, it brought together the outstanding staffs of Babies & Children's Hospital and the pediatric cardiology program of NewYork Weill Cornell to create one of the premier pediatric cardiology and cardiac surgery centers in the nation. "We are providing infants and children who have heart conditions with options never thought possible — even a few years ago," says Dr. Gersony, an international leader in pediatric cardiology.

"Collectively, our group has an incredibly vast experience which allows us to pick up on subtleties that can make all the difference to care," says Rubin S. Cooper, M.D., Associate Director of the Pediatric Cardiovascular Center and Director of Pediatric Cardiology at NewYork Weill Cornell. Recently joining the Center are Ralph Mosca, M.D., and John J. Lamberti, M.D., who direct the Pediatric Cardiac Surgery Programs at Babies & Children's Hospital and NewYork Weill Cornell, respectively. Dr. Mosca's interests include the surgical treatment of neonates and infants with complex heart disease, including hypoplastic left heart syndrome, cardiopulmonary transplantation, and surgical options for adults living with congenital heart disease. Dr. Lamberti brings expertise in valve repairs, the staged approach to repair of single ventricle, and the use of cosmetic incisions for repair of complex congenital defects in girls.

The Center's interventional cardiology services are led by William Hellenbrand, M.D., an internationally known pediatric cardiologist with expertise in techniques for device closure of heart defects, the use of balloon angioplasty and stents to open blockages, and the use of coils to improve circulation by eliminating abnormal blood vessels.

Dr. Ileana Vargas brings skill and sensitivity to her role when treating children with diabetes.

Brandon Duick developed Type 1 diabetes when he was 10 years old. Now 13, Brandon has a lot more responsibilities than most kids his age, says his dad, Paul. But he has help from Dr. Noel Maclaren, Director of NewYork Weill Cornell's Juvenile Diabetes Program.

The bringing together of clinical and scientific experts in diagnostic and interventional cardiology and cardiac surgery in the new Pediatric Cardiovascular Center places NewYork-Presbyterian in a leadership role worldwide for addressing children's heart disease.

Mental Health: ACHIEVING NEW PERSPECTIVES

Barbara Tindale, 24 years old, has been waging a 10-year battle with anorexia nervosa. She's now beginning to beat it.

At the Westchester Division of NewYork-Presbyterian Hospital, psychiatrists are at the forefront of research and treatment for society's most challenging mental health issues. From anxiety disorders, personality disorders, and addiction to eating disorders and depression, which are featured below, the Westchester Division's renowned staff are helping patients of all ages overcome their disabling conditions and move into new phases of their lives.

Facing the Fear of Eating

When Barbara Tindale came to the Westchester Division from her hometown of Rochester, New York, she was just out of high school. A pathological fear of eating had overwhelmed her, bringing her friendships and ambitions to a standstill and causing serious medical complications. "Every time I stopped eating, I stopped thinking rationally," recalled Ms. Tindale. "Wanting to eat an apple would cause me two to three hours of worrying. And I thought that made sense."

The number of people seeking treatment for eating disorders has skyrocketed in the last two decades, with an estimated five to ten million women affected. In her work, Katherine A. Halmi, M.D., Director of the Westchester Division's Eating Disorders Program and an internationally recognized expert in the field, has seen eating disorders grow among men, older women and in children under the age of 13. Dr. Halmi first became interested in these conditions during her psychiatry training in the 1970s — a time when very little was understood about eating disorders. Her curiosity developed into a lifelong pursuit in which she continues to play a key role not only in defining the problems, but also in pioneering the treatments. Today, Dr. Halmi and her colleagues are studying critical aspects of eating disorders, including genetic factors, interventions such as cognitive behavioral therapy and drug therapies, and the prevention of relapses.

"Why feel bad if you can feel better," says Catherine Shaw. "It takes time. It takes counseling. And it may take medication. But it is good not to feel bad."

With more than 200 peer-reviewed publications to her credit, Dr. Katherine Halmi is currently the principal investigator on numerous research projects which seek to improve understanding and treatment of eating disorders.

The work of Dr. George Alexopoulos is uncovering important clues to the pathophysiology of depression in later life.

Barbara Tindale took a major step toward recovery when she came to the Westchester Division's Eating Disorders Program — one of the most comprehensive in the country, offering outpatient services, a partial hospitalization program, and an inpatient unit dedicated to treating the medical and psychological consequences. "Now, I have a chance to work on why this happened to me," says Ms. Tindale. "You can't do that when you're always worrying about being thin."

Daring to Defy Depression

Catherine Shaw's depression may have been provoked by the death of her cat, compounded by other family problems, but she does recall having other depressive episodes. "I expected to be unhappy, but not as unhappy as I turned out to be. I stopped volunteering and was not doing well," noted Ms. Shaw. In her local newspaper, she read about a study at the Westchester Division on treatment for depression and decided to call.

Depression is one of the most prevalent and devastating health problems affecting people age 65 and older. As George S. Alexopoulos, M.D., Director of the Cornell Institute of Geriatric Psychiatry, knows from two decades of focused study in the field, the causes of depression aren't always what they seem — especially in the elderly. In 1992, he and his colleagues at the Westchester Division formed an NIMH-supported Intervention Research Center with studies in geriatric depression at the core of its mission.

Dr. Alexopoulos and his group work to identify biological factors that influence the course of late-life depression and its response to treatment. Describing the "depression-executive dysfunction syndrome of late life," Dr. Alexopoulos hypothesized that it is caused by an impairment in the circuitry of a specific brain area (striatofrontal pathways). This may result from vascular or degenerative conditions that are frequent in late life. He and his colleagues demonstrated that the syndrome is resistant to conventional antidepressants, and even if patients with this syndrome initially respond to treatment, they are at high risk for relapse and recurrence of their depression.

Identification of the "depression-executive dysfunction syndrome" has opened new avenues for focused antidepressant treatment which address impairment in neurotransmitter systems. Currently under investigation in patients with this syndrome are drugs which enhance dopamine, acetylcholine and opiate neurotransmission. Until now, these therapies had not previously been used as antidepressants because a specific population which could benefit had not been identified.

Meanwhile, Ms. Shaw continues to participate in one of the Westchester Division's many studies on depression — helping herself as well as helping to provide understanding of new treatments for others.

The Allen Pavilion: REACHING OUT

At the northern point of Manhattan is a small town within a big city — complete with its own community hospital. Since 1988, NewYork-Presbyterian Hospital's Allen Pavilion has been an integral member of the Inwood/Washington Heights community — providing primary, emergency and surgical care to its residents. Named for the family of Charles Allen, Jr., Herbert Allen and their children, who contributed $15 million to Presbyterian Hospital to construct a community hospital for residents in northern Manhattan, the Allen Pavilion is a cornerstone of the neighborhood. "We serve not only as the medical provider for families, but as part and parcel of community life here," says Michael Fosina, Vice President and Executive Director.

In the past several years, the Allen Pavilion has developed health outreach programs for seniors, including monthly lectures, screenings, support groups, and classes in yoga, Tai Chi, art therapy and diabetic teaching. Medical staff and health professionals routinely participate in local health fairs and visit senior centers to talk with members. For nearly a decade, the Allen Pavilion also has sponsored a Little League team. Staff serve as managers and coaches, and the Hospital provides equipment and uniforms.

From seniors to shortstops, the Allen Pavilion is participating in the community as only a good neighbor can.

Play Ball! The Allen Pavilion's baseball team, coached by staff members Dennis Camp and Raymond Queliz, is a minor league member of the Inwood Little League.

Michael Fosina, Vice President and Executive Director, Allen Pavilion, applauds the team's spirit.

LEADERSHIP REPORT

This is a remarkably interesting time in medicine. The excitement of epoch-defining research and dramatically different modes of diagnosis and treatment stand in counterpoint to the economic constraints on clinical systems and academic institutions. NewYork-Presbyterian Hospital, more than two years into our existence as a merged entity, is in an incomparable position as a health care leader with tremendous opportunity to be an exemplary, humane force for patients and their families.

Laying Out the Future

When David B. Skinner, M.D., who as Vice Chairman, President and CEO had incisively led NewYork-Presbyterian into the merger, stepped into a new life as President Emeritus, we had completed the first phase of our transition to a merged entity. As we continue to harness the strengths of two major medical institutions, we seek input from employees in town meetings and through other forums about the best ways to build on our successes, realize our vision, and provide the sensitivity that is intrinsic to the treatment of illness.

The humanitarian impulse, which drives the finest health care, has for generations defined the Columbia Presbyterian and NewYork Weill Cornell centers of NewYork-Presbyterian Hospital and their affiliated medical schools — Columbia University College of Physicians & Surgeons and Weill Medical College of Cornell University. First and foremost, our goal is to make our Hospital excel in terms of its attention to patients and to service. We also are striving to make our medical care second to none, focusing resources on building clinical programs, recruiting top physicians, and enhancing collaboration in existing areas of excellence. And we want to make sure that each and every individual who works here is recognized and receives respect for the critical role they play in helping our goals come to fruition.

Integrating with Integrity

In December 1999, NewYork-Presbyterian Hospital — thanks to the dedication and hard work of its employees — passed its first Joint Commission on Accreditation of Healthcare Organizations survey as a merged entity. Among the many positive findings, the survey showed that the plan for the Hospital's integration was a highly successful one.

And so we continue to move forward. New clinical initiatives, under the aegis of the merger, are well under way with experts from each center collaborating on decisions about new or combined programs, helping to make sure that patient care is the best it can be. Our efforts to effect positive integration of programs have resulted in the Columbia Weill Cornell Heart Institute — the only heart center in the tri-state area to be ranked among the best in America by *U.S. News & World Report,* and the formation of the new Pediatric Cardiovascular Center — a program combining the outstanding facilities and staff of Babies & Children's Hospital with the Pediatric Cardiology Program at NewYork Weill Cornell. We recently launched the Columbia Weill Cornell Cancer Centers, which offer exceptional oncology programs.

Each campus also had momentous achievements. A newly renovated, spacious Pediatric Emergency Room opened at Babies & Children's Hospital. The Iris Cantor Women's Health Center was established in June 2000 at NewYork Weill Cornell, heralding one of the most comprehensive women's health programs in New York City. The Allen Pavilion, our 210-bed community hospital located in Inwood, is greatly expanding its outreach to the community with traditional and non-traditional programs.

These accomplishments and others serve to further distinguish NewYork-Presbyterian Hospital from its peers and validate our strategy for integration. In late 1999, we received a vote of confidence from the Board of Trustees, which approved a major capital fundraising program specifically to support the integrated programs of merger and to accelerate the pace of this integration. At the same time, we look to closer collaboration with our two medical schools to help us unify clinical programs more rapidly and effectively. Underpinning these efforts is the creation of service lines across both campuses. By organizing clinical care around patient groups or disease categories, we can serve patients

more effectively and facilitate the development of highly focused, high-quality programs. Currently, service lines are concentrated on behavioral health, cardiovascular health, neurosciences, oncology, pediatrics and transplant services.

A Financial Context

As we pursue strategies to strengthen NewYork-Presbyterian Hospital, we do so within a challenging economic context. Though we ended 1999 nearly $5 million short of the break-even point, this represents a small percentage of our $1.6 billion operating budget, and a worthy achievement in light of external financial influences. In particular, the Balanced Budget Act of 1997, which targets Medicare reimbursement and undermines the reimbursement of funds for graduate medical education, continues to have a major negative impact on hospital finances. This is in addition to the already dramatic restraints imposed by managed care.

Indeed, there are steps being taken to maximize the Hospital's revenue. In 1999, the completion of The New York Hospital Major Modernization Project a year ahead of schedule resulted in significant savings. The growth of the NewYork-Presbyterian Healthcare System is providing us with leverage for advocacy in Congress and a strong bargaining position with managed care companies. A new partnership with Columbia Cornell Care — the organization serving the clinical faculties of both medical schools — provides needed managed care support services for the Hospital. In addition, we have just launched NewYork-Presbyterian Health Systems Ventures, a new endeavor to develop sources of non-operating revenue related to our academic and System goals.

Donors and ardent fundraisers have also contributed greatly to our fiscal stability, helping us to successfully conclude the six-year, $600-million capital campaign for NewYork Weill Cornell, begin a critical campaign for our new Children's Hospital, and surpass our $60-million fundraising goal for 1999. To these many friends, we are forever grateful.

The Balanced Budget Act (BBA) will have a profound impact on the future of all academic medical institutions.

John F. McGillicuddy and Herbert Pardes, M.D.

NewYork-Presbyterian Hospital has joined with other major academic health centers nationwide to persuade members of Congress that the BBA will severely affect the quality of health care in America, and advocate for relief from the significant cuts proposed. We are wholeheartedly committed to contributing to the nation's effort to define health care and craft appropriate policy for its support.

The Right Stuff

According to the 1999 and 2000 *U.S. News & World Report* surveys of hospitals, NewYork-Presbyterian Hospital places firmly among the best in the country and is the leading hospital in New York. Behind these rankings are premier specialists in every field of medicine who are conquering some of the world's most challenging diseases. At one town meeting, an employee said that he sleeps better at night knowing he is part of an organization that is really trying to help people. We want our patients to feel they have been treated well and with compassion; we want our staff to feel proud of their institution and their contributions to it. At the end of the day, we are going to have an organization that can provide the highest quality care to any individual in need. This is what the coming together of two of the world's greatest medical institutions means for medicine.

John F. McGillicuddy
Chairman
Board of Trustees

Herbert Pardes, M.D.
President and
Chief Executive Officer

DEVELOPMENT REPORT

At NewYork-Presbyterian Hospital, victories in medicine are possible for many reasons — exceptional expertise, groundbreaking research, innovative technology, state-of-the-art facilities ... and the generosity of many, many benefactors. A new unit for critically ill children. A comprehensive center for women's health. Services for people with AIDS. Programs for cancer treatment and research. Advances in transplant medicine. These are but a few of the endeavors which Hospital friends — individuals, corporations and foundations — help to establish and enhance.

As Dr. Herbert Pardes, President and CEO of NewYork-Presbyterian Hospital looks on, Arthur and Beverly Shorin launch the new comprehensive outpatient transplant unit that will be named in their honor.

Partnerships to Promote Excellence

The Hospital's partnership with donors inspires excellence and helps to sustain our distinction as a premier health care institution. In 1999, the Hospital received commitments of over $68 million in private support for programs at both Columbia Presbyterian Medical Center and NewYork Weill Cornell Medical Center. We are grateful for the generosity of each of our donors, and we would like to mention a few of the many gifts we have received.

Herbert Irving, a long-time benefactor of the Hospital, continued to support important programs at Columbia Presbyterian, including a $1 million pledge to establish a center for dermatology and skin cancer and a $2 million pledge toward a new pediatric oncology unit. Also contributing to this important program were Ariane and Robert Matschullat, the Friends of Hope and Heroes, and Chase Manhattan Bank. The Herbert Irving Comprehensive Cancer Center was the only center in New York to receive a $1.1 million gift from the Avon Breast Cancer Crusade.

Over $400,000 has been raised toward the Catharine Margaret Pasmantier Center for Stem Cell Biology and Treatment, which honors the late wife of Mark Pasmantier, M.D. Stem cell transplantation is one of the most promising approaches to the treatment of patients with cancer, blood disorders and autoimmune diseases. The Center will be a major program of NewYork Weill Cornell's state-of-the-art outpatient oncology unit.

Beverly and Arthur Shorin have pledged their support for a new Outpatient Transplant Center, which will serve patients from around the world who come to Columbia Presbyterian for care related to heart, heart and lung, liver and renal transplant. And a gift of $5 million to NewYork Weill Cornell by the Iris and B. Gerald Cantor Foundation is helping to create a comprehensive women's heath-care program. The Iris Cantor Women's Health Center will include a team of internal medicine specialists, an imaging center, a resource center and patient education programs, and will serve as a model for health care for women through all stages of their lives.

Celebrating Friends and Supporters

Throughout 1999 and early 2000, NewYork-Presbyterian friends and supporters gathered to raise funds, to celebrate the programs and services that they make possible, or to accept our gratitude. One thousand of these friends attended the Hospital's Millennium Gala on April 22, 1999, raising more than $5 million to benefit mental health services at Columbia Presbyterian. The event was chaired by Mr. and Mrs. Gordon Pattee and Dr. and Mrs. Frederic Kass.

Proceeds from a reception held in May at Christie's are supporting the cervical cancer research of William J. Ledger, M.D., Chairman Emeritus, Department of Obstetrics and Gynecology at NewYork Weill Cornell. Light Up A Life — the annual benefit of the Pediatric Support Committee — was held in November 1999 and

attended by children, parents and grandparents alike. Proceeds from the gala celebration support the Children's Emergency Medical Fund, the Big Apple Circus Clown Care Unit, the Program for Children with AIDS, and the Child Life Program at NewYork Weill Cornell.

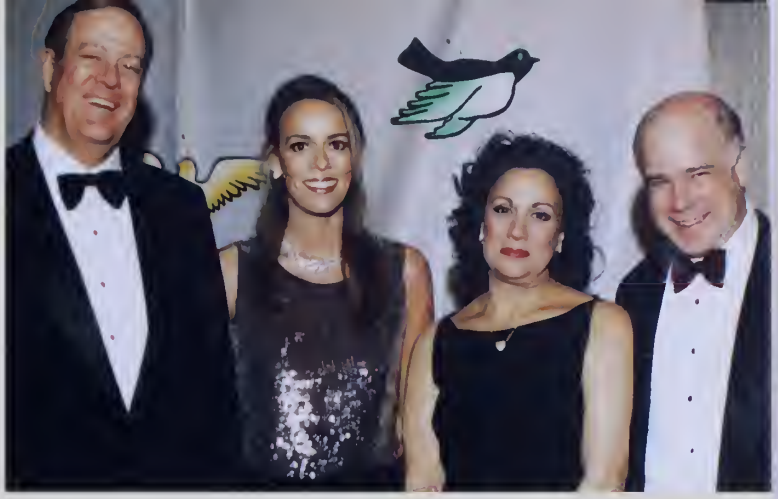
On April 26, 1999, Babies & Children's Hospital held a one-year anniversary celebration of its renovated and expanded Pediatric Intensive Care Unit. The event was to thank the employees of Morgan Stanley Dean Witter and Co. who, under the philanthropic leadership of John Mack, President and CEO of the company and Vice Chairman of NewYork-Presbyterian Hospital's Board of Trustees, helped support the new unit.

Hundreds of guests gathered for Fête de Famille XVII in June 1999 to honor the legendary owner of Mortimer's restaurant and Fête Founder, Glenn Bernbaum, who passed away in 1998. More recently, friends, patients and staff of NewYork Weill Cornell's Ambulatory AIDS Care Center gathered on the 24th floor of the Baker Pavilion to dedicate the Glenn Bernbaum Unit of the Center for Special Studies. Through a bequest of over $3 million, Mr. Bernbaum's estate is providing the Center with funding to continue its top quality service for thousands of patients with AIDS. Honoring Mr. Bernbaum's memory at the dedication were Bill Blass, Nancy Kissinger, Judy Peabody and Casey Ribicoff — all original co-chairs of Fête de Famille, which has raised more than $8 million over 12 years for the AIDS Care Center.

Contributors to the Hospital's capital campaign — which supported the construction of the Maurice R. and Corinne P. Greenberg Pavilion — were invited to a reception in their honor in June 1999. Over 200 plaques recognizing donors who made possible the campaign's monumental success were unveiled on that day.

Mauriee R. Greenberg, Dr. W. Shain Sehley, Corinne P. Greenberg and Ernest Stempel were on hand for the tribute to major donors of the NewYork Weill Cornell eapital eampaign.

In November 1999, the Hospital dedicated the Charles Allen, Jr., Grand Information Lobby, which houses NewYork Weill Cornell's main information desk. The name honors the memory of the late Charles Allen, Jr., whose family and friends gave $10 million to NewYork Weill Cornell's major modernization program. On hand to unveil the plaque commemorating Mr. Allen was his daughter, Terry Allen Kramer, a Hospital trustee.



Cabaret '99 honored David and Julia Koeh and Madeline and Kevin Brine for their efforts on behalf of the New Horizons for Medieine eampaign.

Friends and supporters of NewYork-Presbyterian Hospital and Weill Medical College and Graduate School of Medical Sciences of Cornell University celebrated the conclusion of their joint *New Horizons for Medicine* campaign at Cabaret on October 26, 1999, raising approximately $2 million for Hospital and College initiatives. The event honored Hospital trustee David Koch and Weill Cornell Overseer Kevin Brine, who co-chaired the capital campaign for NewYork Weill Cornell Medical Center.

In March 2000, NewYork-Presbyterian Hospital held its first joint gala. Co-chaired by Esther and Oded Aboodi, Lanny Garth Close, M.D., and W. Shain Schley, M.D., the stellar event raised $2.4 million for joint programs in otolaryngology.

As NewYork-Presbyterian Hospital moves forward, the commitment and vision of its many benefactors will be the centerpiece of its efforts to succeed and to excel.

Dr. W. Shain Sehley, Chief, Otorhinolaryngology, NewYork Weill Cornell; Daniel B. Burke, Chairman Emeritus, NewYork-Presbyterian Hospital; Dr. Herbert Pardes, President and CEO; Dr. Lanny Garth Close, Chief, Otolaryngology, Columbia Presbyterian; and John F. McGillicuddy, Chairman, Board of Trustees, at the Hospital's first joint gala.

HOSPITAL HIGHLIGHTS

1999

January

The two vast computer mainframe systems of Columbia Presbyterian and NewYork Weill Cornell became one on January 1, initiating great cost savings and enhanced ability to track patients receiving care.

On January 11, newly renovated rooms of the Morgan Stanley Dean Witter & Co. Pediatric Intensive Care Unit at Babies & Children's Hospital open, doubling the number of beds available to care for critically ill children.

February

CBS news anchor Dan Rather

reports from the Organ Preservation Unit of NewYork Weill Cornell during a segment on *48 Hours* in which he explores the world of transplant medicine.

March

NewYork-Presbyterian Hospital honors its social workers, including those of The Allen Pavilion, who took the opportunity to teach about the services they provide.

April

NewYork-Presbyterian Hospital solidifies its identity with a new logo and the launch of a new television and print advertising campaign.

Bill Cosby and the Pointer Sisters headline the Hospital's Millennium Gala, which raised $5 million to benefit mental health-care services at Columbia Presbyterian.

May

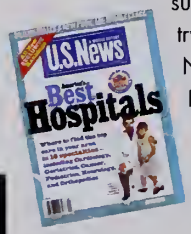
Dedicated volunteers from NewYork-Presbyterian Hospital come out to support the 1999 Revlon Run/Walk for Women benefiting cancer research and treatment.

June

Dr. Roger Yurt, Director of the Hearst Burn Center, is profiled in the June 7 issue of *New York Magazine*.

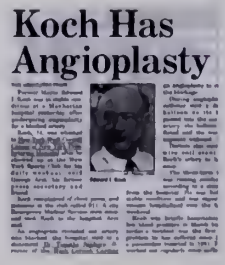
July/August

U.S. News & World Report's survey of the country's hospitals ranks NewYork-Presbyterian Hospital among the best.



Worldwide media coverage (including a front-page article in *The New York Times*) on the use of low-dose CT scans to detect lung cancer in its earliest stages generates more than 1,000 calls from the public. The new diagnostic protocol was developed and studied by Dr. Claudia Henschke, Chief of Chest Imaging at NewYork Weill Cornell.

Former Mayor Koch's hospitalization and successful treatment at NewYork Weill Cornell receive significant media attention.


Koch Has Angioplasty

September/October

More than 100 Hospital staff and volunteers line a city block to provide health information and conduct screenings for fairgoers during the annual Third Avenue Fair.

Friends and supporters of NewYork-Presbyterian Hospital and Weill Medical College and Graduate School of Medical Sciences of Cornell University celebrate Cabaret '99, which features stellar entertainment by actor-singer Jerry Orbach.

1999 — 2000

November

Staff members of Babies & Children's Hospital celebrate the opening of its newly renovated pediatric emergency room–complete with the latest technology for treatment and toys for tots.

Dr. David B. Skinner unveils a memorial inscription for the Charles Allen, Jr. Grand Information Lobby with Mr. Allen's daughter and Hospital Trustee, Terry Allen Kramer.

Television and newspaper coverage highlight the Hospital's successful fight to provide Rosa Diaz with a donor kidney from the only immediately available donor, her adoptive sister in Santo Domingo. Ms. Diaz receives the transplant on November 23 at Columbia Presbyterian.

December

John F. McGillicuddy is elected Chairman of the Hospital's Board of Trustees; John Mock is elected Vice Chairman.

Dr. John Driscoll, Director of the Pediatric Service at Babies & Children's Hospital, joins with Mr. and Mrs. John L. Weinberg to celebrate the opening of the new Sarah E. Nash Children's Lung Center and the Sue Ann and John L. Weinberg Cystic Fibrosis Center.

January

The new year welcomes Dr. Herbert Pardes as the new President and Chief Executive Officer of NewYork-Presbyterian and bids a fond farewell to Dr. David B. Skinner, who assumed a new role as President Emeritus.

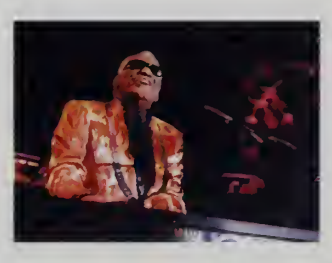
Doctors and staff of Babies & Children's Hospital, American Airlines, the White House, and several government agencies come to the rescue of newborn Maria Del Angel de la Torre, who needed special medication for a life-threatening congenital heart defect. The medication was in New York, she was in Ecuador but concerted efforts by many got it to her in time. Two weeks later, Maria is brought to New York for further treatment at Babies & Children's Hospital.

February

Some 20 doctors, nurses and other members of NewYork Weill Cornell's cardiac care team take center stage at the Ed Sullivan Theater on February 21 to accept the tearful gratitude of David Letterman for the wonderful care he received following quintuple heart bypass surgery performed by Dr. O. Wayne Isom, Cardiothoracic Surgeon-in-Chief.

March

Legendary singer Ray Charles performs at the Hospital's 2000 Gala held in honor of Daniel B. Burke, former Co-Chairman of the Board of Trustees. The event raises over $2 million for programs and research in hearing disorders.



2000

March

Dr. Kenneth Forde (below), Columbio Presbyterion, ond Dr. Mork Pochopin, New York Weill Cornell, join forces with onchorwomon Katie Couric to educote the public obout colon cancer during o five-port series entitled "Confronting Colon Concer," which oired on NBC's *Today Show.*

April

When firefighter Mike Foley emerges ofter 40 doys from the Heorst Burn Center of NewYork Weill Cornell, countless medio are on hond to report on his remorkoble recovery from serious injuries suffered during o fire call.

Dr. Poulino F. Kernberg, Westchester Division, is selected os one of three mentol heolth professionols colled in by Attorney Generol Jonet Reno to consult on the much-publicized Elion Gonzolez case.

May

Mourice R. Greenberg congrotulates Dr. Dovid B. Skinner, President Emeritus of NewYork-Presbyterian, os he receives the 20th onnuol Maurice R. Greenberg Distinguished Service Award recognizing his exceptionol ond longstonding service to NewYork Weill Cornell.

A groundbreoking ceremony is held for the Beverly and Arthur Shorin Comprehensive Outpotient Tronsplant Center ot Columbio Presbyterion.

First Lody Hillory Clinton is the keynote speoker ot the ninth annual luncheon sponsored by Women At Risk (WAR) — o Columbia Presbyterion-bosed orgonizotion promoting reseorch, educotion ond support services for women with, ond ot high risk for, breost concer.

June

Dr. Antonio M. Gotto Jr., Dean of Weill Medicol College, Dr. Herbert Pordes, Iris Cantor, New York State's First Lody Libby Pataki, Dr. Orli Etingin ond John F. McGillicuddy celebrote the establishment of the Iris Contor Women's Heolth Center ot NewYork Weill Cornell. Dr. Etingin is the Director of the new center.

Open houses ore held to lounch the Columbio Weill Cornell Cancer Centers.

NewYork-Presbyterion speoks out on heolth care cuts resulting from the Bolonced Budget Act of 1997 through o mojor petition drive — led by Dr. Herbert Pardes — osking members of Congress to restore vitol Medicore and Medicoid funds.

New York Magozine's "Best Doctors in New York" issue includes 188 NewYork-Presbyterion physicions.

July

NewYork-Presbyterion Hospitol continues its leod ronking in the onnual notionwide hospitol survey conducted by *U.S. News & World Report.*

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Making a Gift **52**

Important Telephone Numbers **INSIDE BACK COVER**

SERVICES TO PATIENTS

Laboratory	6,334,660
Blood Bank	516,902
Radioisotopes Services	27,145
X-ray Procedures	429,462
Operations	54,121
Deliveries	10,555
Electrocardiograms	221,275
Electroencephalograms	5,092
Therapy Treatments (Physical, Occupational, Recreational)	238,004
Transfusions	89,359
Average Number of Full-Time Employees	14,082

DISTRIBUTION OF BEDS

Single		
Medical/Surgical		512
Obstetrics and Gynecology		22
Pediatrics		9
	Total Single	**543**
Two-Bedded		
Medical/Surgical		1,000
Neonatal		83
Obstetrics and Gynecology		100
Pediatrics		91
	Total Two-Bedded	**1,274**
Other		
Newborn Bassinets		91
Psychiatric (Payne Whitney Clinic, Columbia Presbyterian Medical Center, and Westchester Division)		461
	Grand Total	**2,369**

PATIENT CARE

Patients Admitted (including neonatal admissions)		76,338
Newborn		10,003
Psychiatric		
Payne Whitney Clinic		1,135
Columbia Presbyterian Medical Center		1,504
Westchester Division		3,048
	Total	**92,028**
Patient Days, All Divisions (including newborn)		654,562
Visits to Day Hospital (ambulatory surgery)		42,398
Visits to Outpatient Clinics		856,462
Visits to Emergency Facilities		169,767

REVENUES AS A PERCENTAGE OF TOTAL PATIENT CARE AND OTHER REVENUES

Revenues	$ Millions	%
Net Patient Revenues	1,517.3	90.5
Other Revenues	158.9	9.5
Total Revenues	**$1,676.2**	**100.0%**

EXPENSES AS A PERCENTAGE OF TOTAL EXPENSES

Expenses	$ Millions	%
Salaries and Wages	761.6	45.3
Employee Benefits	141.0	8.4
Provision for Bad Debts	108.7	6.5
Depreciation and Amortization	146.3	8.7
Interest	74.3	4.4
Supplies and Nonsalary Expenses	449.2	26.7
Total Expenses	**1,681.1**	**100.0%**
Gain (Loss) from Operations	**$ (4.9)**	

Note: The Hospital also expended $58.5 million in Charity Care.

NewYork-Presbyterian Hospital is a 2,369-bed academic medical center created from the merger between The New York Hospital and The Presbyterian Hospital. It provides state-of-the-art inpatient, ambulatory, and preventive care in all areas of medicine at five major centers: NewYork Weill Cornell Medical Center (on the Upper East Side), Columbia Presbyterian Medical Center (in Washington Heights), Babies & Children's Hospital (adjacent to Columbia Presbyterian), The Allen Pavilion (in Inwood), and the Westchester Division (in White Plains). With its 2,369 beds, approximately 92,000 discharges and over 856,400 outpatient visits annually, NewYork-Presbyterian Hospital is the largest hospital in New York and one of the most comprehensive health-care institutions in the world.

NewYork-Presbyterian provides primary care services as well as services in all specialties and subspecialties. The Hospital's many centers of excellence include the Columbia Weill Cornell Cancer Centers, the Columbia Weill Cornell Heart Institute, the Hearst Burn Center, trauma centers for adults and pediatrics, as well as programs focused on AIDS care, neurological care, reproductive medicine and infertility, pediatrics, gene therapy, and women's health, to name a few.

The Joan and Sanford I. Weill Medical College of Cornell University and Columbia University College of Physicians & Surgeons are the principal academic affiliates of NewYork-Presbyterian Hospital. The medical colleges and the Hospital share a commitment to quality patient care, biomedical research, medical education, and community service.

CORPORATE OFFICERS

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Founded over 90 years ago, the NewYork-Presbyterian Hospital Auxiliary, Columbia Presbyterian Medical Center, consists of 23 active and 45 associate members. Their mission of service has:

- *Provided benches and trash receptacles for the Garden and the entrance to Babies & Children's Hospital*
- *Purchased over 100 wheelchairs*
- *Provided computers for patient use in all Atchley Pavilion waiting areas*
- *Funded the Spring Ikebana exhibit at the Columbia-Presbyterian/ Eastside facility*
- *Contributed to The Allen Pavilion Community HealthOutreach Program for seniors*
- *Supported the Creative Center for Women with Cancer art therapy program*
- *Supported the new Bike Patrol escort program under the auspices of Security*

The Auxiliary also introduced and its members continue to volunteer in the Trained Liaison Comforter Program in three ICU waiting rooms; provides free parking for all volunteers; supports the Hospital's Pastoral Care Residency Program; and provides endowed lectures for the Department of Social Work.

NewYork Weill Cornell Medical Center

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The Auxiliary, whose mission is one of community and hospital outreach, continued its work in 1999 through many diverse activities, including its educational lecture series, Babies' Alumni Birthday Card Program, a special event for the HealthOutreach artists, and well-directed funding efforts. Highlights of these efforts include:

- *An ongoing art program for senior citizens sponsored by HealthOutreach*
- *Training equipment for the Organizational Learning Program*
- *Reference, teaching materials and supplies for the Interpreter Service of the Volunteer Services Department*
- *Hand-held computers for social workers*
- *Supplies for the Pediatric Special Studies Program for Children with AIDS*
- *Annual donation for the Arts and Crafts Program of the Rehabilitation Department*

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The year has been an exciting one for the Volunteer Department. Since the merger, we have joined to become one, very large, and even more diverse Volunteer Services Department. We now have 2,462 active volunteers who contributed a total of 269,226 hours in 1999! The Interpreter Services Department has grown as well, with very active programs at both centers. We look forward to implementing new programs and further expanding the services we offer in the upcoming year.

The NewYork-Presbyterian Healthcare System is one of the nation's and the world's largest and premier health-care systems. It is a non-profit corporate entity established by the NewYork-Presbyterian Hospital to provide a comprehensive network of health-care providers throughout the New York metropolitan area. The System currently serves more than 20 percent of the New York metropolitan patient population, including residents of Manhattan, Brooklyn, Queens, the Bronx, as well as Westchester, Long Island, New Jersey, Connecticut and several upstate New York counties. The full-service system includes 31 acute-care and community hospitals, 19 long-term-care facilities, 12 certified home-health agencies, over 100 ambulatory-care centers, and four specialty institutions dedicated to providing high-quality, compassionate, cost-effective, and conveniently accessible care to the communities they serve.

As the System's largest provider of sub-specialty programs, NewYork-Presbyterian Hospital plays a key role in expanding the scope of medical and surgical services offered at System institutions. Each System member is also an affiliate of one of two world-class medical schools: Weill Medical College of Cornell University or Columbia University College of Physicians & Surgeons. The activities of the System are overseen by a board which includes chairpersons of boards of trustees, chief executive officers, and medical staff representatives from each member institution of the System. Listed here are System leadership and members.

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